

City of Scappoose • 33568 E Columbia Avenue

Scappoose, Oregon 97056

Staff Contact: Susan Reeves 503.543.7146

Scappoose CEP Final Project Report

Applicant/Organization Name:	
Project Title:	
Final Project Reporting Contact	
Name:	
	Tialo
Phone:	Title:
Email: Street Address:	Mailing Address (if different):
Street Address.	Walling Address (if differency.
Year Funded	Date of Completion
Name of organizations that partnered or collaborated on this project.	
Estimate how many people in the community project.	benefited from this
1) Please describe how the CEP Grant was use brochures, project reports, or other supportive	

Ver. 12.2021.1

nec	did this project benefit the people of Scappoose? Please explain if more funding will be by to complete this project. Describe how this project is furthering and enhancing the values boose as expressed through the Scappoose Vision Statement and Council Goals.					
3) I	s there anything else you would like us to know about the success or future of this project?					

Ver. 6.15.2022.1

Interim Project Budget Reporting

	nal Project Budget: including money from other sources used for this project.				
	e Item	CEP Funds	_	Other Funds	Total
ease list the total dollar amount of in-kind donations received for this project and describe these donations briefly.	Totals:				
	Please list the total dollar amount of in-kind donations received for this projec	t and describe th	nese donations brie	fly.	
	ease list the total number of volunteer hours used in the completion of this p	project, and desc	ribe the work done	in these hours br	efly.
	lease list the total number of volunteer hours used in the completion of this p	project, and desc	ribe the work done	in these hours br	iefly.

Ver. 6.15.2022.1